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From: Konstantina M. Katcheves**Date:** September 21, 2007**Pages (including cover):** 5**Direct Phone:** (410) 332-8685**Client/Matter #:** 900001.00001 (900011.1)**Direct Fax:** (410) 332-8085**User #:** 5284**Sender's Floor:** 9th

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PTO/SB/21 (04-07)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10076248	
	Filing Date	2/12/02	
	First Named Inventor	Lloyd G. Mitchell	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <p align="center">3.73(b) Statement</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Saul Ewing LLP, Konstantina M. Katcheves, Esq.	
Signature	<i>[Handwritten Signature]</i>	
Printed name	Konstantina M. Katcheves	
Date	9/21/07	Reg. No. 54,818

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Typed or printed name	Konstantina M. Katcheves	Date 9/21/07

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PTO/SB/122 (01-08)

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Application Number	10076248
Filing Date	2/12/02
First Named Inventor	Lloyd G. Mitchell
Art Unit	
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

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☒ Firm or
Individual Name Konstantina M. Katcheves, Esq., Saul Ewing LLP

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Email kkatcheves@saul.com

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or agent of record. Registration Number _____
- ☒ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 54,818

Signature

Typed or Printed
Name

Konstantina M. Katcheves, Esq., Saul Ewing LLP

Date

9/21/07

Telephone

410-332-8685

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/98 (01-08)

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

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OR

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Name	Registration Number	Name	Registration Number
Konstantina M. Katcheves	54,818		

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Konstantina M. Katcheves		
Address	500 E. Pratt Street, 9th Floor		
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Telephone	410-332-8685	Email	tkatcheves@saul.com

Assignee Name and Address:

Intronn, Inc.

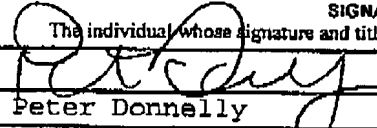
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SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	8/29/07
Name	Peter Donnelly	Telephone	
Title	Acting CEO		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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